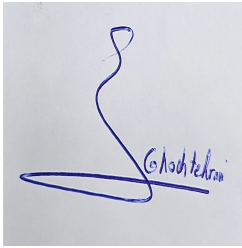


MedNet Global Healthcare Solutions L.L.C.

Paid-up capital AED 12,800,000



MEMBER DETAILS		BENEFIT DETAILS			
MEMBER NAME : JAE HWA DIONIOSIO JOO INSURANCE PLAN : AMERICAN LIFE INSURANCE COMPANY DHA MEMBER ID : EID : 784-2023-2701239-3 DOB : 17-01-2023 CARD NUMBER : I013-036-119569711-01 GENDER : Female MOBILE NUMBER : 0545644073 START DATE : 26-12-23 MEMBER NETWORK : Silver Premium END DATE : 26-12-23		Please follow benefits list for other deductible/copayment details			
PRE-APPROVAL PROTOCOL: Please follow standard MedNet approval protocols					
SUBJECTIVE HIGH FEVER AND SEVERE THROAT INFECTION SINCE YESTERDAY NIGHT 25/12/2023					
OBJECTIVE					
Temp: 37 °C RR : 34 bpm PR : 82 BP : 0 bpm Weight : 8 kg					
P PHARMACEUTICALS					
	Code	Generic	Dosage	Duration	Instructions
L	0207-214402-0151	(BETAMETHASONE : N/A) (CLOTRIMAZOLE : N/A) CREAM	CREAM (20G, COLLAPSIBLE TUBE)	7	Take 1Cream 3 Time(s) per Day For 7 Day(s) others
A	0005-107904-1112	(IBUPROFEN : 100 MG/5ML) SUSPENSION	SUSPENSION (110ML, GLASS BOTTLE)	7	Take 3ML 3 Time(s) per Day For 7 Day(s) others
	1086-123702-1381	(CETIRIZINE HCL : 1 MG/ML) SOLUTION (ORAL)	SOLUTION (ORAL) (75ML, BOTTLE)	6	Take 3ML 2 Time(s) per Day For 6 Day(s) others
N	0186-127401-0852	(AZITHROMYCIN : 200 MG/5ML) POWDER FOR SUSPENSION	POWDER FOR SUSPENSION (30ML, GLASS BOTTLE)	5	Take 3ML 2 Time(s) per Day For 5 Day(s) others
P DIAGNOSTIC PROCEDURES					
L	Diagnosis: J02.9 - Acute pharyngitis, unspecified, J21.9 - Acute bronchiolitis, unspecified, B35.5 - Tinea imbricata				
A	Treatments: 9, Consultation - GP				
N					
Facility Name: Irham Medical Center Arjan Telephone No: 047700948 Physician's Name: Mohammadmahdi			Patient Registered by: Irham Medical Center Arjan Date and Time: 26-12-2023  Card Holder's Signature:		



"I hereby authorize any MedNet personnel to access my medical file"

Physician's Stamp & Signature:

Dr. Mohammadmahdi Ghodstehrani
Specialist Neonatology
DHA No: 00045407-001
PESHAWAR MEDICAL CENTER LLC
DUBAI - U.A.E.

DISCLAIMER:

**ALL SERVICES OUTSIDE PRE-APPROVAL PROTOCOL ARE SUBJECT TO RESTROSPECTIVE MEDICAL EVALUATION UPON CLAIM SUBMISSION.
CLAIMS PROCESSING IS SUBJECT TO CONTRACTUAL TARIFF.**

MedNet Claims Center: 600 546002 (24-hour hotline), Fax: 800 4883

E-mail: mcc@mednet.com

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